

## ROYAL ACADEMY OF MEDICINE IN IRELAND.

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President—JAMES LITTLE, M.D., F.R.C.P.I.

General Secretary—WILLIAM THOMSON, F.R.C.S.I.

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### SECTION OF SURGERY.

President—Sir THORNLEY STOKER, President of the Royal College of Surgeons in Ireland.

Sectional Secretary—KENDAL FRANKS, F.R.C.S.I.

*Friday, May 24, 1895.*

The PRESIDENT in the Chair.

#### *Carcinoma of Larynx.*

IN reference to a case exhibited by Dr. Woods of a man from whom the right half of the larynx was excised for carcinoma,

MR. WHEELER asked whether the full extent of the disease was diagnosticated before the operation. He also wished to know whether he had any difficulty in feeding the patient after the operation, and whether there was any difficulty in severing the thyroid cartilage.

MR. WOODS said that nothing was found after the operation that was not recognised before. He had torn away a portion of the growth, which Dr. Earl examined, and said it was a carcinoma. At the conclusion of the operation a stomach tube was passed in through the mesial wound, and carried to the stomach. It was stitched to the skin to prevent it slipping. On the third day, as the tube irritated the stomach, it was withdrawn. There was no difficulty in introducing it again. The patient was fed with it till the 28th day, when he found he could do without it. He is able to swallow bread and milk, but still has difficulty in swallowing fluids alone. The hypoglossal nerve on the right side was injured. The great cornu of the hyoid bone had to be removed, as it was implicated in the growth. The thyroid cartilage was to a certain extent calcified, but he had no difficulty in dividing it with strong scissors.

The PRESIDENT said that although at the time he advised against the operation on account of the extent of the disease, the result showed that Mr. Woods was fully justified in operating.

*Injuries involving the Articulations of the Metacarpal Bone of the Thumb.*

DR. E. H. BENNETT read a paper on this subject. [It will be found in Vol. C., page 473.]

THE PRESIDENT said the paper was exhaustive, and, to a very great extent, original. The only specimen which one could question was the one in which the hand was deformed by rheumatic arthritis. From the picture the question might be raised as to how far it was not part of the general deformity affecting the articulations of the hand.

MR. MYLES had met with only one case of Hey's dislocation in the living. After some trouble he had reduced it by exaggerating the deformity, the patient being under chloroform. He did not comprehend how the sesamoid bones got between the head of the metacarpal and the base of the phalanx, with their articular surfaces turned towards the latter.

MR. CROLY would like to have heard of methods for reducing dislocations. He had seen a dislocation forwards, the reverse of Hey's, and had reduced it with great facility. The last two dislocations of the thumb that he got he put the patient under chloroform, and having failed after trying many methods, he manipulated the thumb, turning it round, and the thumb suddenly reduced. He believed all the dislocations were reduced by taking the muscles unawares. He did not think the division of the tendons of the flexor muscles of the thumb or opening into the joint was justifiable surgery.

MR. BARTON said that when he was Resident Surgeon a young boy came to him with an ordinary Hey's dislocation. He tried to reduce it by putting the hand over the corner of the table, and shoving the phalanx forwards. He got it in by increasing the deformity, but knocked off the epiphysis. He never heard of this accident occurring before.

MR. WOODS said that he saw a man at the Richmond Hospital. He had fallen on his thumb, and had a dislocation the reverse of Hey's. He saw him within an hour after the accident. He had the man anæsthetised, and tried manipulation of every kind for half an hour. With the assistance of four others, he then used brute force, but was unable to reduce it. The man went out and came back in thirty days. He took a cast of his hand, a photograph of which Mr. Bennett had shown. On looking up the pathological reports of the Museum of Trinity College, he found Mr. Smith had related a similar case which he had failed to reduce after repeated trials. Nélaton had also recorded another.

MR. HEUSTON said that within the past six months he had had an interesting case. A midshipman on a voyage to South America fell from the mast, and got a compound dislocation of the carpometacarpal joint of the thumb. It was not reduced. On coming back in three months, he went to the Edinburgh Infirmary, where he believed he got it reduced. He saw him two months later, when the dislocation was still present. He dissected down on the articulation, from the internal aspect, and found that the sesamoid bones had got between the two parts. He dissected them out, and was then able to reduce the dislocation. It got all right. He did not see which way the articular surface of the sesamoid bones was turned.

MR. LENTAIGNE had met with four cases of dislocation, which all reduced without difficulty under anæsthesia. He did not agree with Mr. Croly that dissection operations should not be performed under any circumstances. If he got a case which he could not reduce, and if the patient would allow him, he would operate, and not leave the case permanently dislocated. Mr. Heuston's remarks bore out his ideas.

MR. BENNETT, replying, said that in the complex dislocation there was a point that required explanation. If the phalanx was pulled away from the metacarpal bone, the fibres of the short flexor, attached to the sesamoid bones, were stretched, and so the articular surface of the sesamoid bones was turned towards the phalanx.

#### *Herniotomy and Taxis.*

MR. HENRY GRAY CROLY read a paper on this subject. [It will be found in Vol. C., pages 1 and 97.]

MR. WHEELER agreed with Mr. Croly that taxis was often abused. He thought the words "traction and compression" described the manipulation of returning a hernia better than the word "taxis." In his practice he had given up giving an anæsthetic before performing taxis. It only rendered the patient insensible. He did not use any kind of opium. The earlier the operation was performed the better was the chance of recovery.

MR. F. NIXON said that he agreed with Mr. Croly as regards the constricting bands formed by the superficial expansion of the falciform process described by Mr. Colles. Gimbernat's ligament only infrequently caused constriction. Hey's ligament was a much more common cause. He thought the division of Poupart's ligament objectionable, as it weakened the abdominal parietes, and there was also danger of wounding the spermatic cord. In many cases of hernia, the opening of a pair of forceps will often

stretch the constricting bands. He did not agree with Mr. Wheeler about not using an anæsthetic, as it produced muscular relaxation, and greatly facilitated the return of the hernia.

MR. CROLY, replying, said that he had done close on 150 operations for strangulated hernia, and never had any hæmorrhage resulting. He considered inversion of the patient in a case of strangulated hernia a very dangerous practice.

The Section then adjourned.

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#### CROWDING IN CITIES.

THE New York *Sun* contains some census comparisons that are of interest to medical readers, showing how the people of certain large cities in this country and Europe are housed. New York has 115,000 houses, averaging 18 residents to each. London, the greatest accumulation of inhabitants in the world, has 600,000 houses, with 7 residents in each on the average. London has increased in this respect very rapidly, for at the beginning of the present century the number of houses was only 130,000, little more than New York has at the present time. The population of London at that time was 960,000. It is now 4,200,000. So it has increased nearly fivefold, but the number of houses has not increased in as large a ratio. Paris has 90,000 houses. At the close of the Franco-Prussian war it had 70,000. At the close of the Napoleonic wars it had 28,000. The area of the city has been extended meanwhile. The average number of residents in a house in Paris is 25, which is about 50 per cent. greater than in New York. In all computations of city population by houses, Philadelphia ranks as a shining example of a big town which has plenty of "elbow-room" to expand in. Philadelphia, with a population in excess of 1,000,000, has 137,000 houses. It is less densely populated than London, but not much less so.—*Jour. Am. Med. Ass.*

#### SKIN GRAFTING.

At the annual meeting of the New York State Medical Association, held in October last, Dr. Zera J. Lusk described his method of grafting the dry epidermis hanging from the skin after a burn. The method could be carried out on any occasion by raising the epidermis through the application of a blister. The epidermis, when dry, was cleansed and moistened, a piece an inch square was cut into perhaps twelve pieces and applied on the wound. Little islands were formed which spread and covered the entire surface.—*Med. Rec.*